

TO THE EDITOR, *Genitourinary Medicine*

Condylomata acuminata in children and sexual abuse

Sir,

The paper by Baruah *et al* on condylomata acuminata in a male child gives a misleading impression of the occurrence and transmission of venereal warts in childhood.¹ Reports may be difficult to find because of the diversity of specialties to which such children may be referred, such as dermatology, paediatrics, and infectious diseases, but reports do exist. Several reports had been published before 1983, including four since 1976, in which sexual abuse was recognised as the cause of condylomata acuminata.²⁻⁵ Histological confirmation was specifically mentioned by Mininberg and Rudick⁴ and DeJong *et al*.⁵ These studies reported on a total of 12 children, eight of whom had been sexually abused. Five of the 12 were boys, of whom two had urethral condylomata acuminata and three had perianal lesions.

More recently, White *et al* reported three cases of condylomata acuminata in boys aged two, 10, and 12, all of whom were victims of sexual abuse.⁶ Since 1979 four girls, aged 2, 4, 5, and 7 have presented at our clinic with condylomata acuminata, all of whom were found to have been sexually abused. With the possible exception of young infants, the presence of condylomata acuminata in a prepubertal child should be considered to be an indication of sexual abuse until proved otherwise. Parental denial of abuse in no way rules it out. The probability of obtaining an accurate history depends a great deal on the skill and techniques of the interviewer and subsequent investigation by the social services. The best efforts may not obtain a history of abuse, even when it is highly suspected.

Young boys are not exempt from sexual abuse. About 20% of our sexually abused children were boys. Our youngest such patient was a six month old male infant who sustained severe rectal and anal tears from sexual abuse. We have found that the perpetrators are almost always known to the children. In our population about 80% of the abusers have been the child's father, stepfather, or a boyfriend living with a woman relative.

It must be recognised that sexually transmitted diseases of adults are sexually transmitted in children as well. To fail to make this diagnosis leaves children open to further abuse.

Yours faithfully,
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References

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TO THE EDITOR, *Genitourinary Medicine*

Proctology

Sir,

We welcome your decision to change the title of the journal to "*Genitourinary Medicine*", thus widening its scope,¹ and also agree with your hope that material relating to a wider aspect of medical gynaecology and urology will be submitted to the journal. We think however, that there is a serious omission, namely medical proctology.

As most homosexual men^{2,3} and 8% of women⁴ regularly practise anal receptive intercourse, not only will patients present with anorectal infections that are sexually transmitted, but some anal disorders that are not usually regarded as being sexually related (such as, fissure and fistula) may have anal usage as their basis. We feel this subject merits further investigation. We have recently set up a combined clinic, primarily for studying the natural history of anal warts after scissor excision,⁵ but which provides the opportunity for joint consultation in difficult anorectal problems.

The anorectum as a site for sexually transmitted disease should not be forgotten by coloproctologists, neither should more conventional disorders be overlooked by those specialising in genitourinary medicine.

Yours faithfully,
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Notices

Conference of the African Union Against Venereal Diseases and Treponematoses

The African Union Against Venereal Diseases and Treponematoses will be holding a conference on 1-5 April 1985 in Libreville, Gabon. There will be a workshop on chlamydial infections on 1 and 2 April and a conference on infertility and STD in Africa from 3 to 5 April.

International conference on AIDS

An international conference on the acquired immune deficiency syndrome (AIDS) will be held on 15-17 April, at the World Congress Center, Atlanta, Georgia, United States.

It will be sponsored by: the Centers for Disease Control; the National Institutes of Health; the Food and Drug Administration; the Alcohol, Drug Abuse, and Mental Health Administration; the Health Resources and Services Administration; and the World Health Organisation. The purpose of the meeting is to review strategies for the prevention and control of AIDS and to exchange information on screening and diagnostic tests for AIDS and on the epidemiology, virology, immunology, clinical manifestations, and treatment of AIDS. Seating will be available for 1800 participants. To obtain further information and future announcements, please contact: AIDS Conference, Building 1, Room 2047, Centers for Disease Control, Atlanta, Georgia 30333, USA.